

RICHFIELD TOWNSHIP

1410 N. ST. HELEN ROAD, ST. HELEN, MICHIGAN 48656 (989) 389-4994

GOLF CART REGISTRATION PERMIT



Decal #

Assigned number of golf cart - 3" BLOCK reflective numbers to be located on each side.



OWNER INFORMATION

LAST NAME: _____ **FIRST:** _____ **MIDDLE:** _____

Physical Address of Owner & Cart plus Mailing Address (if different)

Richfield Township / St. Helen Address _____	Street Address _____
Street Address _____	P.O. Box _____
City/Town _____	City/Town _____
State _____ Zip _____	State _____ Zip _____
Phone # () _____ - _____	Alt. Phone # () _____ - _____

CART INFORMATION

Serial # _____ <i>(include all letters & numbers)</i>	Cart Year _____
Make of golf cart (Mfg) _____	Color _____
Mfg. to seat how many passengers _____	Type: <input type="checkbox"/> GAS or <input type="checkbox"/> ELECTRIC

PLEASE READ CAREFULLY

With the signature below, the owner is certifying that:

1) The information provided is correct and 2) They have read and agree to the following:

I have received and understand the Richfield Township Golf Cart Ordinance. I acknowledge that I will assume all liability, and I am full for the operation of the above cart on the streets and roads in Richfield Township, Roscommon County, Michigan. I also acknowledge Township, in providing this privilege, is in no way endorsing the operation of this cart on the streets and roads, and does not and w any liability in the operation of the cart. I agree to indemnify and hold harmless Richfield Township for any liability arising from the l cart. I also understand that Richfield Township Public Safety Department and/or Richfield Township Board's interpretation of all regulations are final. I have been advised to obtain **liability insurance** for the cart. I understand that, as the registered cart owner, **legal and civil responsibility** for any actions committed during the operation and use of the cart, and understand that I will be ch violation of the Golf Cart Ordinance.

Owners Signature (required): _____ **Date:** _____

FOR OFFICE USE ONLY

	NOTES
Drivers license # _____	
State issued under _____	
Cart modifications _____	
Permit Revoked <input type="checkbox"/> Date _____	
Appeal Submitted <input type="checkbox"/> Date _____	

Approved or Denied Date: _____			
Authorization: _____			


